

<i>SERFF Tracking Number:</i>	<i>CMPX-125549630</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Companion Property & Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$20</i>
<i>Company Tracking Number:</i>	<i>P#07238GL</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Commercial Package Policy</i>		
<i>Project Name/Number:</i>	<i>MU CPP Revised Terrorism Forms - Reauthorization Act of 2007/P#07238GL</i>		

Filing at a Glance

Company: Companion Property & Casualty Insurance Company

Product Name: Commercial Package Policy SERFF Tr Num: CMPX-125549630 State: Arkansas

TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: EFT \$20

Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: P#07238GL State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: SPI CompanionPCGroup Disposition Date: 03/20/2008

Date Submitted: 03/17/2008 Disposition Status: Accepted For Informational Purposes

Effective Date Requested (New): 03/31/2008 Effective Date (New):

Effective Date Requested (Renewal): Effective Date (Renewal):

State Filing Description:

General Information

Project Name: MU CPP Revised Terrorism Forms - Reauthorization Act Status of Filing in Domicile: of 2007

Project Number: P#07238GL

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 03/20/2008

State Status Changed: 03/20/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Companion Property and Casualty Insurance Company wishes to adopt ISO filing reference

CL-2007-OTRL1. For informational purposes, we have submitted our disclosure notice that we will be using.

SERFF Tracking Number: CMPX-125549630 State: Arkansas
 Filing Company: Companion Property & Casualty Insurance State Tracking Number: EFT \$20
 Company
 Company Tracking Number: P#07238GL
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
 Product Name: Commercial Package Policy
 Project Name/Number: MU CPP Revised Terrorism Forms - Reauthorization Act of 2007/P#07238GL

Company and Contact

Filing Contact Information

Pamela Bass, Regulatory Compliance Analyst pam.bass@companiongroup.com
 P.O. Box 100165 (803) 264-5266 [Phone]
 Columbia, SC 29202 (803) 865-3155[FAX]

Filing Company Information

Companion Property & Casualty Insurance CoCode: 12157 State of Domicile: South Carolina
 Company
 P.O. Box 100165 Group Code: 661 Company Type:
 Columbia, SC 29202 Group Name: State ID Number:
 (800) 845-2724 ext. [Phone] FEIN Number: 57-0768836

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Companion Property & Casualty Insurance Company	\$20.00	03/17/2008	18706379

SERFF Tracking Number:	CMPX-125549630	State:	Arkansas
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Company Tracking Number:	P#07238GL		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	Commercial Package Policy		
Project Name/Number:	MU CPP Revised Terrorism Forms - Reauthorization Act of 2007/P#07238GL		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Edith Roberts	03/20/2008	03/20/2008

<i>SERFF Tracking Number:</i>	<i>CMPX-125549630</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Commercial Package Policy</i>		
<i>Project Name/Number:</i>	<i>MU CPP Revised Terrorism Forms - Reauthorization Act of 2007/P#07238GL</i>		

Disposition

Disposition Date: 03/20/2008

Effective Date (New):

Effective Date (Renewal):

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	CMPX-125549630	State:	Arkansas
Filing Company:	Companion Property & Casualty Insurance Company	State Tracking Number:	EFT \$20
Company Tracking Number:	P#07238GL		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	Commercial Package Policy		
Project Name/Number:	MU CPP Revised Terrorism Forms - Reauthorization Act of 2007/P#07238GL		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes
	Policyholder Disclosure Notice - Terrorism	Accepted for Informational Purposes	Yes

SERFF Tracking Number: CMPX-125549630 State: Arkansas

Filing Company: Companion Property & Casualty Insurance State Tracking Number: EFT \$20
Company

Company Tracking Number: P#07238GL

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: Commercial Package Policy

Project Name/Number: MU CPP Revised Terrorism Forms - Reauthorization Act of 2007/P#07238GL

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Accepted for Information - Terrorism al Purposes	Policyholder Disclosure Notice	TPN 004	01/08	Application/ Replaced Binder/Enro llment	Replaced Form #:0.00 TPN 004 Previous Filing #:		TPN 004.PDF

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you now have a right to purchase insurance coverage for losses arising from acts of terrorism, *as defined in Section 102(1) of the Act*. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Coverage under your existing policy may be affected as follows:

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSS EXCEEDS \$100 BILLION IN ONE CALENDAR YEAR. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

REJECTION OF TERRORISM INSURANCE COVERAGE

TERRORISM COVERAGE AS PROVIDED BY THE ACT HAS BEEN ADDED TO YOUR POLICY FOR AN ANNUAL PREMIUM OF \$_____. THIS WILL APPEAR AS A SEPARATE LINE ITEM ON YOUR POLICY. UNDER FEDERAL LAW, YOU HAVE THIRTY (30) DAYS TO CONSIDER THIS OFFER OF COVERAGE FOR ACTS OF TERRORISM, AND YOU MAY CHOOSE TO REJECT TERRORISM COVERAGE. IF YOU REJECT TERRORISM COVERAGE, A TERRORISM EXCLUSION ENDORSEMENT WILL BE ADDED TO YOUR POLICY AND YOU WILL NOT HAVE COVERAGE FOR LOSSES ARISING FROM TERRORIST ACTS. IF YOU WISH TO ACCEPT COVERAGE FOR LOSSES ARISING FROM TERRORIST ACTS AS PROVIDED BY THE ACT, YOU DO NOT NEED TO NOTIFY US. THE PREMIUM FOR TERRORISM COVERAGE WILL BE BILLED WITH YOUR PREMIUM INSTALLMENTS OR BILLED IN FULL IF NO FURTHER INSTALLMENTS ARE DUE.

TO REJECT TERRORISM COVERAGE, PLEASE CHECK THE BOX BELOW AND RETURN THE SIGNED AND DATED FORM WITHIN 30 DAYS TO COMPANION PROPERTY & CASUALTY INSURANCE COMPANY, 51 CLEMSON ROAD, COLUMBIA, SC 29229. ANY CHARGES FOR TERRORISM COVERAGE WILL BE REMOVED FROM YOUR POLICY.

<input type="checkbox"/>	I hereby elect to have the exclusion for certified acts of terrorism endorsed to my policy. I understand that I will have no coverage for losses arising from certified acts of terrorism.
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Policyholder/Applicant's Signature

Insurance Company

Print Name

Policy Number

Date: _____

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	<i>Company</i>		
<i>Company Tracking Number:</i>	<i>P#07238GL</i>		
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<i>Project Name/Number:</i>	<i>MU CPP Revised Terrorism Forms - Reauthorization Act of 2007/P#07238GL</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CMPX-125549630 State: Arkansas
Filing Company: Companion Property & Casualty Insurance State Tracking Number: EFT \$20
Company
Company Tracking Number: P#07238GL
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
Product Name: Commercial Package Policy
Project Name/Number: MU CPP Revised Terrorism Forms - Reauthorization Act of 2007/P#07238GL

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:
Accepted for Informational 03/20/2008
Purposes

Comments:
Attachments:
Cover Letter.PDF
Expedited Terrorism Transmittal Filing Form.PDF



Companion Property & Casualty Group

Companion Property & Casualty
Insurance Company

Companion Commercial
Insurance Company

March 17, 2008

Commissioner Julie Benafield Bowman
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Attn: Property & Casualty Division

RE: Companion Property & Casualty Insurance Company NAIC#: 661-12157 FEIN#: 57-0768836
Commercial Property: Form Filing - Terrorism Reauthorization Act of 2007
Company Filing#: P#07238GL

Dear Commissioner Benafield Bowman:

Companion Property and Casualty Insurance Company wishes to adopt ISO filing reference CL-2007-OTRL1. For informational purposes, we have submitted our disclosure notice that we will be using.

If you should have any questions or need additional information, please do not hesitate to contact me.

Sincerely,

Pamela Bass
Regulatory Compliance Analyst

Phone: 803-264-5266
Fax: 803 865-3155
Email: pam.bass@companiongroup.com

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) AR

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input checked="" type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Companion Property & Casualty Insurance Company	SC	661-12157	57-0768836

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Pamela Bass P.O. Box 100165 Columbia SC 29202	803-264-5266	803 865-3155	pam.bass@compa niongroup.com

Filing information

Line of Insurance (see attachment)	Commercial General Liability
Company Program Title (Marketing title) (if applicable)	
Filing Type ** see note below	Informational Filing
This application is used with:	Commercial General Liability
Effective Date Requested	3/31/08
Filing date	3/17/08
Company Tracking Number	P#07238GL
Date filing approved in domiciliary state, if applicable	Pending Approval

	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Policyholder Disclosure Notice - Terrorism	TPN 004 01/08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	TPN 004 01/06	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required.
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- ☒ Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- ☒ Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Pamela Bass
Signature

Pamela Bass
Print Name:

Regulatory Compliance Analyst
Title: